

Stem Cell Research & Development





Name : Prof. Suphachai Chathiraphan, M.D., FACC., FESC., FRCP., FACP., FRACP., FRCPT., FAMM., FAMS., FASCC.

Qualification: Dip. Thai Board of Internal Medicine and Cardiology,
Dip. American Board of Internal Medicine and Cardiology

Stem Cell Pioneers in Thailand

Objectives of Regenerative Medicine

Utilizing adult stem-cell based therapy to treat degenerative diseases through a less invasive methodology

- Reversal of the disease process
- Inducing recovery
- Improving patients' functionality and well-being
 - No current treatments effectively reverse degenerative diseases
 - Decreasing health care costs



Degenerative diseases are the major cause of morbidity and mortality

Diabetes

- An incurable chronic disease
- Affects 34.2 million people worldwide

Congestive Heart Failure

- 64.3 million new cases a year
- Largest single expenditure for Medicare
- No therapeutic options other than heart transplant
- 95% of patients die waiting for transplant

Our Mission

We are dedicated to

- Making treatment available TODAY to those in need
- Developing of state-of-the-art cellular technology
- Identifying medical talent in the field of stem cell research and treatment
- Connecting exceptional doctors and treatment protocols to patients worldwide
- Providing superior treatment for multiple indications through FDA medical trials

The Technology

- Patients' own blood is used as raw material to manufacture Directed Cell Population
- Cells are cultured under conditions designed to mimic and augment specific natural processes
- A single administration of these cells back into the patient achieves the therapeutic effect

Technology Advantages

- A revolutionary patient-friendly therapy
- No preparatory drug therapy is used
- Blood is obtained using the routine method of blood collection (from the arm vein)
- No surgery or anesthesia is required as the product contains only cells from the patient
- No risk of rejection of cells
- No harmful effects by the implanted cells
- If treated with bone marrow stem cells, they are extracted from the patient's bone utilizing new state-of-the-art painless technology

Processing Logistics

- Cells are presently being processed in Bangkok Thailand under the supervision of Acquest, Swiss Laboratories scientists in partnership with Siriraj Hospital

Company Overview

- Acquest operates and is registered in both Bangkok and Switzerland
- Considered one of the foremost providers of Adult Stem Cell Therapy in the world and involved in the industry since 2006
- Together with its affiliates, Acquest has treated more than 400 commercial cases with an extremely high rate of success and safety
- Treatment facility based in Bangkok Thailand, (a premier medical tourism destination)
- Developing cutting edge procedure protocols
- Designing stem cell specific devices
- FDA applications and clinical trials completed
- Establishing new disease protocols
- Aggressive positioning in the academic medical community

Competitive Advantage

- A handful of other companies are targeting similar markets, with differing stem cell technology, however none have the infrastructure in place to bring the treatments to mass market
- Acquest offers the newest technology available worldwide, has the highest safety standards and follows the most rigorous treatment protocols
- We take a novel approach to the stem cell market by targeting the delivery of therapy rather than exclusively focusing on the development of cellular products

Marketing

Acquest's primary markets are currently North America, Asia and Europe.

- We connect with patients in the following ways
- A strong focus on news media and patient communication vehicles, using clinical data, testimonials and case studies to illustrate results
- Via internet search results, which are driven by a strategic public relations campaign and web site optimization
- Industry referral program
- Patient referral because of our phenomenal success
- Worldwide patient and physician education seminars

Stem Cell Technology in the USA

- The USA lags behind the rest of the world in both research and treatment utilizing Stem Cell Therapy because of early controversy regarding Embryonic Stem Cells (Regenocyte does NOT use embryonic stem cells)
- FDA approval can be attained in 5 to 7 years by meeting guidelines for clinical trials
- Regenocyte Therapeutic will pursue clinical trials with major educational institutions once processing technology has been transferred to Florida Biologix®
- The lack of available commercial Stem Cell therapy treatment in the U.S. has created a HUGE window of opportunity

The Business

By applying professional, cutting-edge approaches to all company activity, Acquest makes innovative, therapeutic, cellular products available in order to reverse the processes of degenerative diseases and aging

The business strategy, initially approaching peripheral markets, guarantees a rapid revenue stream concurrently with establishing a foothold in the major markets

We are establishing partner staging centers throughout Europe and Asia and international markets that will have patient referrals from members of the clinical affiliate program

Example:

1.5 million stent procedures a year facility fee \$16,000 X
1,500,000 = \$24,000,000,000

Stem Cell Sources

Embryonic

Not used for treatment
Immunosuppressive medication
for rejection
Teratoma/cancer risk very high
Loss of regenerative properties
due to maturation of cells
Controversial

IPS (Induced Pluripotent Stem Cells)

Very similar to Embryonic
cells

Non Embryonic

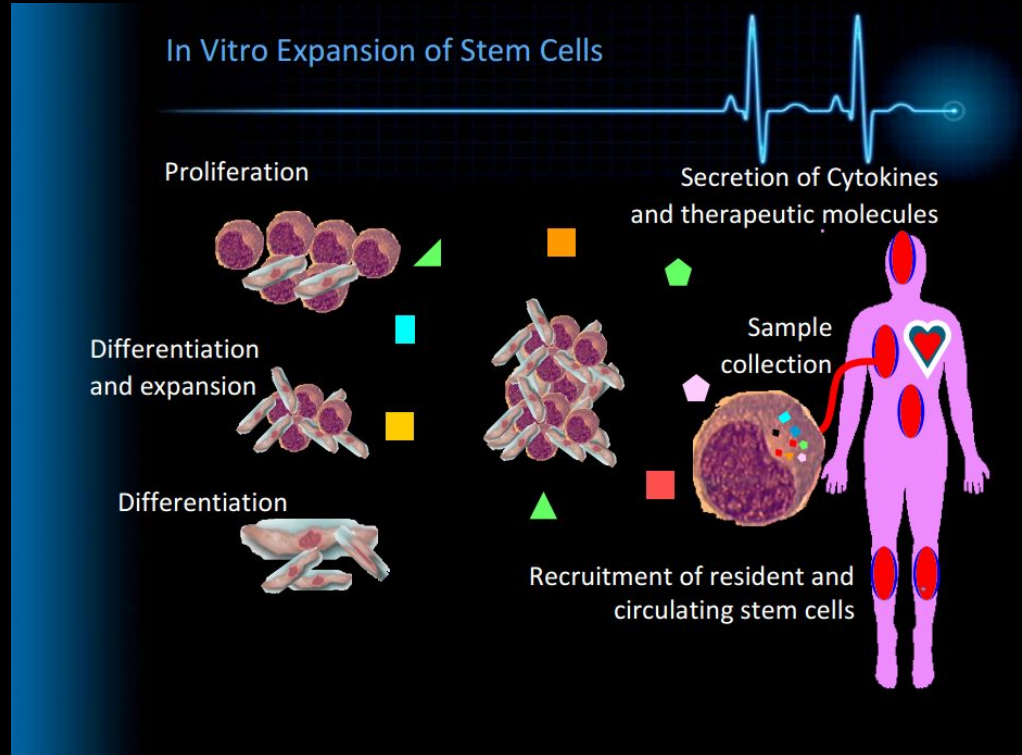
Fetal Stem Cells
Cord/placenta at Birth
Adult Stem Cells
Blood
Bone marrow
Fat and other organs

Advantages and Protocol

Safe and Effective

Acquest only uses Adult Stem Cells directly from the patient to achieve the safest and most effective treatment outcomes similar to Embryonic cells

In Vitro Expansion of Stem Cells

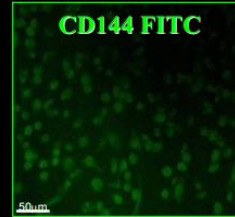
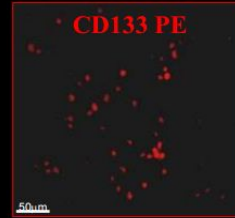
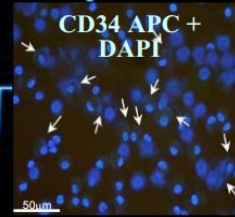
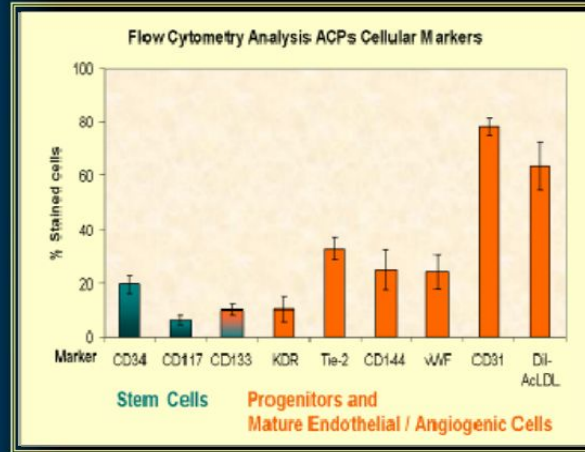


Types of Stem Cells

- Regenocytes are stem cells that have been specifically directed and activated for tissue repair or regeneration
- Having additional physiological characteristics from basic Hematopoietic and Mesenchymal stem cells

Regenocytes

REGENOCYTES Product Characteristics Flow Cytometry

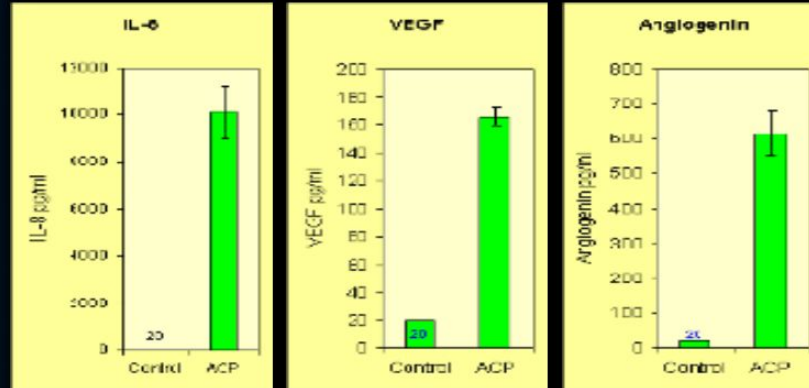


Regenocytes Physiological Activity

Regenocytes Physiological Activity



Secretion of regenerative factors compared to basic stem cells

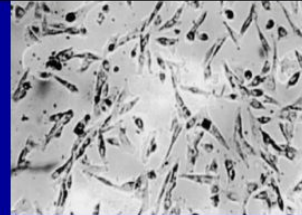


Release Criteria

Release Criteria



- $>1.5 \times 10^6$ ACPs
- Sterile (according to CFR 610.12)
- Endotoxin – negative
- Mycoplasma Ab – negative
- Viability $>75\%$
- Morphology – *spindle-shaped*, *no color*
- Surface Marker- CD 34 , CD 133 ,KDR,Tie-2,CD144 & CD 31



Code of Federal Regulation, US FDA

References

British Journal of Hematology

Volume 135, Number 5, December 2006 , pp. 703-714(12)



Isolation of an adult blood-derived progenitor cell population capable of differentiation into angiogenic, myocardial and neural lineages

Authors:

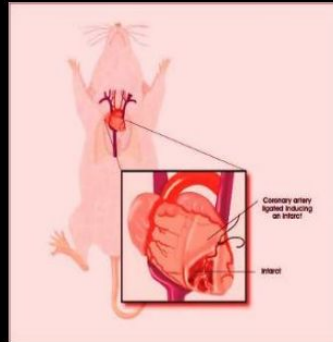
Porat, Yael¹; Porozov, Svetlana¹; Belkin, Danny¹; Shimoni, Daphna¹; Fisher, Yehudit¹; Belleli, Adina¹; Czeiger, David; Silverman, William F.²; Belkin, Michael; Battler, Alexander; Fulga, Valentin¹; Savion, Naphtali³

Αλεξανδρου Εηθη' Λαβεντιν' Σαβιον' Ναβριταλ
Λευδιτ' Βελιελ' Αδινα' Τσειγερ' Δαβιδ' Σιλβερμαν' Μιλλιαμ Ε' Βελκιν' Μιχαελ' Βατλερ'
Ρορατ' Λαελ' Ποροζοφ' Σβετσανα' Βελκιν' Δαννυ' Σιμονι' Δαφνα' Φισερ'

Authors:

Clinical tests

Efficacy of ACPs in Rat Model of Myocardial Infarction



- Myocardial infarction via LAD Ligation in nude rats
- Route of Administration of Regenocytes
 - Intracoronary
 - Intramyocardial

ACPs in Myocardial Infarction

Efficacy of ACPs in Model of Myocardial Infarction

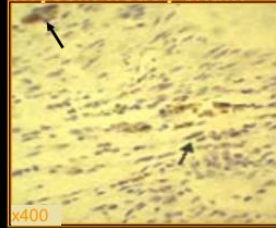


Engrafted Regenocytes in Area of Scar

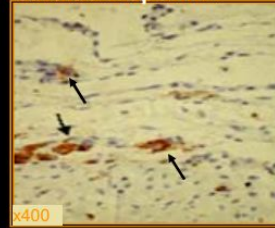
Human Mitochondria



Myosin heavy chain



Cardiac Troponin I



New Heart Muscle

New Blood Vessels

New Blood Vessels

References

European Journal of Heart Failure

v. 10 (2008) 525–533



Human angiogenic cell precursors restore function in the infarcted rat heart: A comparison of cell delivery routes

Authors:

Zhuo Sun a, Jun Wu a, Hiroko Fujii a, Jiang Wu a, Shu-Hong Li a, Svetlana Porozov b, Adina Belleli b, Valentin Fulga b, Yael Porat b, Ren-Ke Li a,

Affiliations:

a Division of Cardiovascular Surgery, Toronto General Research Institute, Toronto General Hospital and University of Toronto, Toronto, Ontario, Canada

Hospital and University of Toronto, Toronto, Ontario, Canada
a Division of Cardiovascular Surgery, Toronto General Research Institute, Toronto General

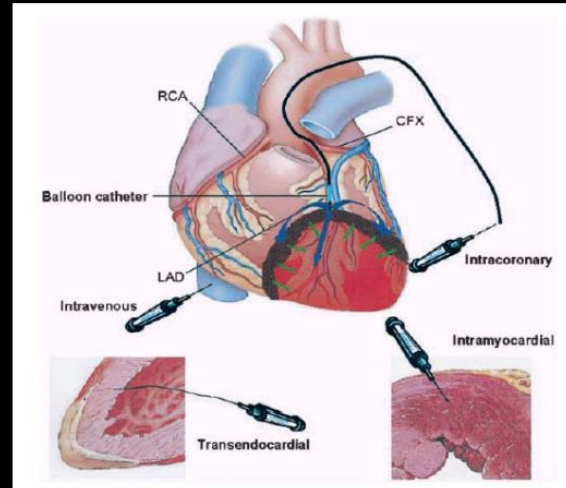
Affiliations:

Adina Belleli b, Valentin Fulga b, Yael Porat b, Ren-Ke Li a,
Zhuo Sun a, Jun Wu a, Hiroko Fujii a, Jiang Wu a, Shu-Hong Li a, Svetlana Porozov b,

Authors:

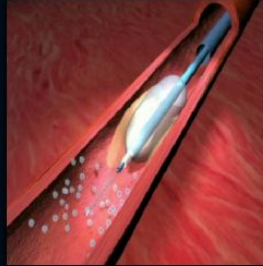
Delivery Methods

Delivery Methods



Clinical Therapy in Cardiac Patients

Clinical Therapy in Cardiac Patients



Bimodal Delivery:

Regenocyte Therapeutic is the only institution that utilizes both modalities concurrently.



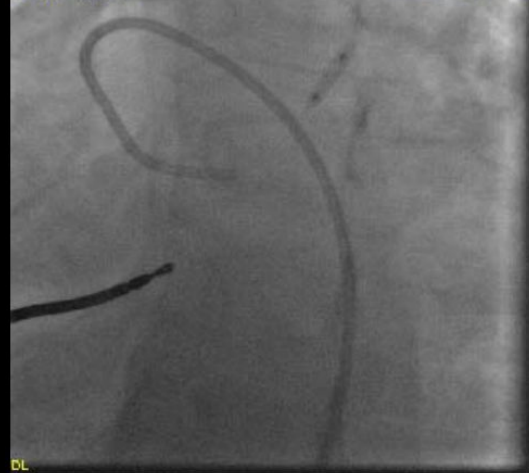
Coronary Infusion

Coronary Infusion



COFFLAND SARAH MARIE, F. 70080603
070-181, 20080603
WL 128, WW 256

CREDITO
GE MEDICAL SYSTEMS



DL

DL

Endomyocardial Injection Catheter

Endomyocardial Injection Catheter



Up to 30 injections
throughout the Left Ventricle

Regenocytes injected directly into
Endo-myocardium via Injection
Catheter



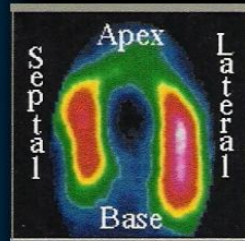
Intraventricular Myocardial Injection

Intraventricular Myocardial Injection



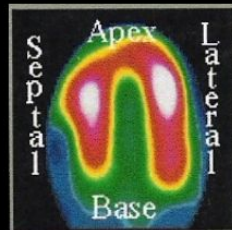
Infarcted Myocardium

Infarcted Myocardium



Anterior Wall myocardial infarct
Resting Nuclear scan

Before Therapy Ejection Fraction 30%



Anterior Wall myocardial infarct
Resting Nuclear scan

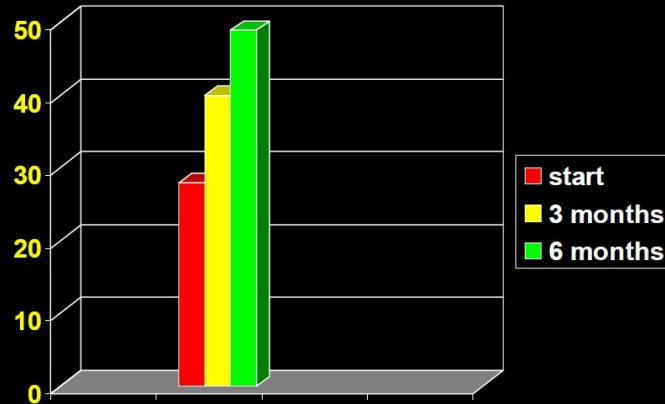
6 Months After Treatment Ejection Fraction 50%

Improvement in Ejection Fraction

Improvement in Ejection Fraction

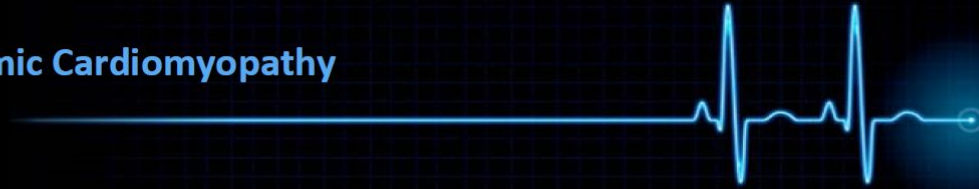


Ischemic Cardiomyopathy



Ischemic Cardiomyopathy

Ischemic Cardiomyopathy



Mortality:

76% reduction at 4 years of all cause Mortality in end stage Cardiomyopathy.

Hospitalizations:

80% reduction in congestive heart failure Hospitalizations.

Hospitalizations:

80% reduction in congestive heart failure Hospitalizations.

Critical Limb Ischemia

Critical Limb Ischemia



Baseline

Five Months Post



Circulatory Improvement



Treatment of Gangrene

Gangrene Occluded Popliteal for 18 Months



Three months
after treatment



Mummification of Extremities

Mummification of Extremities



Tissue Regeneration

Regeneration of Tissue



Positive Side Effects

Approximately 60% of treated patients have presented the following

- Improved cognitive function
- Reduction of arthritic symptoms
- Increased energy levels
- Increased physical capacity
- Bald spots growing dark hair
- Visual improvements
- Improved neurological symptoms

Colon

Colon - Villous Adenoma



Using Microgravity bioreactors allows for three dimensional architecture and the potential for solid organ generation.

generation.
the potential for solid organ

Neurological Advances

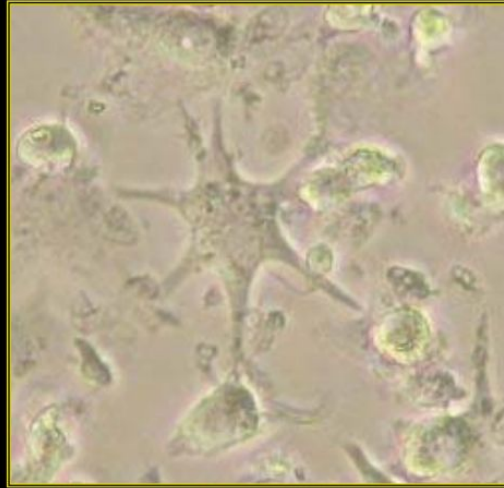
Neurological Advances



- Stroke Model
- Spinal cord injury model
- Retinal injury model

Neural Regenocyte Cell

Neural Regenocyte Cell

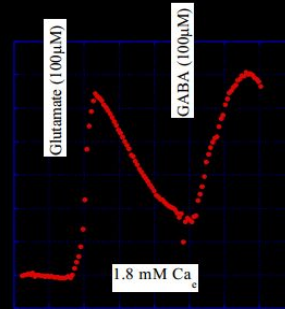
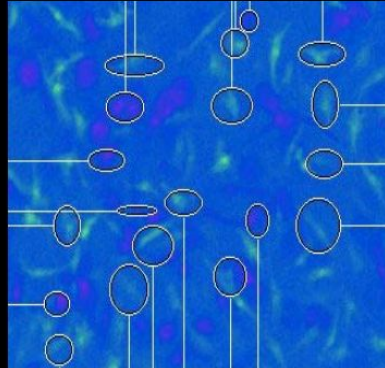


Physiological Activity

Neural Cell Precursors Physiological Activity



Response to the neurotransmitters Glutamate and GABA.

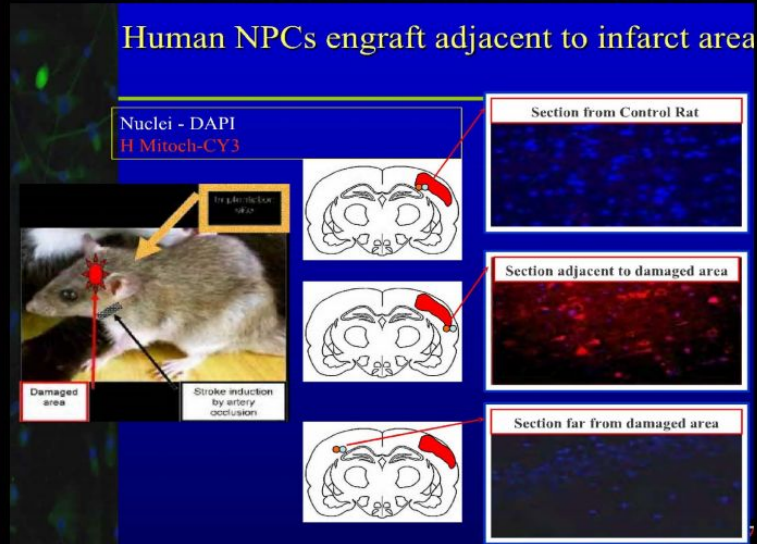


Stereotactic Brain Delivery



Neurological Studies

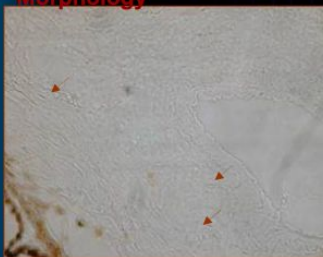
Neurologic Studies



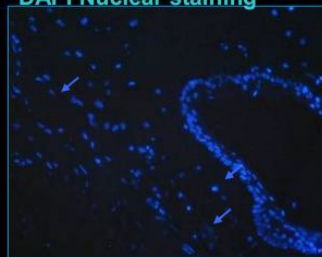
Neural Cell Precursors

SCP- Neural Cell Precursors *In Vivo* characterization

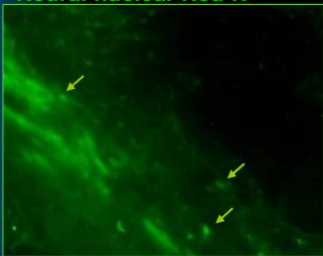
Morphology



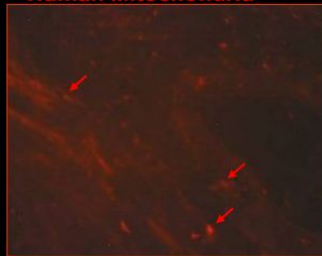
DAPI Nuclear staining



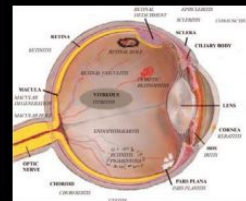
Neural nuclear Neu-N



Human Mitochondria

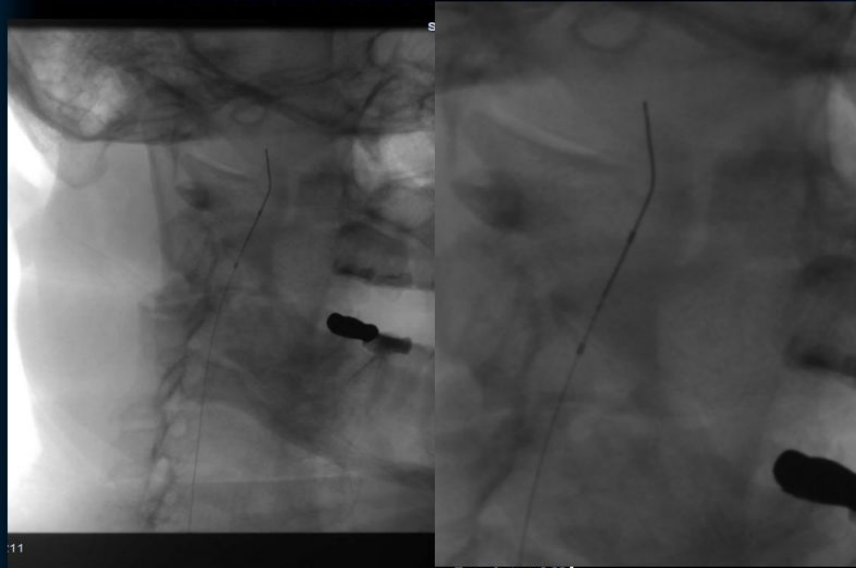


Homing and engraftment of human NCPs into rat eyes after laser injury to the retina



Carotid Infusion

Internal Carotid Infusion
68 yo w/age related cognitive deficit



11

Zoom factor x0.95

00:00:00:00

MUGA Scan

MUGA SCAN



68 yo male with ischemic cardiomyopathy

EXAM#	TYPE/EXAM	RESULT
001406759	NM/CARDIAC MUGA	
	PROCEDURE:	NUCLEAR MEDICINE MUGA SCAN
	INDICATION	Cardiomyopathy, stem cell recipient
	COMPARISON:	Compare with previous examination of July 7, 2008
	TECHNIQUE	24.5 mCi of technetium tagged red blood cells was administered for the study.
	FINDINGS	The left ventricular ejection fraction is markedly improved at 31% No regional wall motion abnormality is evident
	CONCLUSION	The left ventricular ejection fraction has improved from 15% on July 7, 2008, to 31% on the current study.

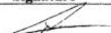
Results


Final Analysis

57 yo male w/multi-vessel Coronary Disease
Recommendation: 4 vessel CABG
Treated with Stem Cells

Test	Specification	Results	Pass/Fail
Sterility	No growth	No growth	Pass
Endotoxins	≤ 23.3 EU/ml	< 0.24 EU/ml	Pass
Gram stain	No evidence of bacterial cells	No evidence of bacterial cells	Pass
Viability	$\geq 75\%$	99.59 %	Pass
Total number of cells	$\leq 200 \times 10^6$ viable cells	65.54×10^6 viable cells	Pass
Cytometry Analysis	Total % of CD34 stained cells $\geq 1.5\%$	69.70 %	Pass
	Total number of CD34 stained cells $\geq 1.0 \times 10^6$	45.68×10^6	Pass
	Number of specific stained cells CD31 bright x AcLDL ($\times 10^6$) $> 3 \times 10^6$ Cells	35.06×10^6 cells	Pass
IL-8 by ELISA	≥ 18.0 ng/ dose	134.9 ng/ dose	Pass

The results Comply with the Release Specifications

Approved	Name	Signature	Date (Israel)	Time (Israel)
Quality Assurance Manager	Kobi Elkayam		8-Apr-08	10:56

Quality Assurance Manager	Name	Signature	Date (Israel)	Time (Israel)
Quality Assurance Manager	Kobi Elkayam		8-Apr-08	10:56

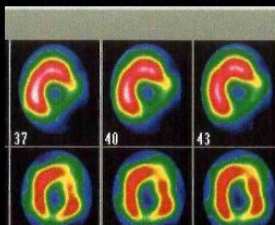
The results Comply with the Release Specifications

Nuclear Stress Test

Nuclear Stress Test

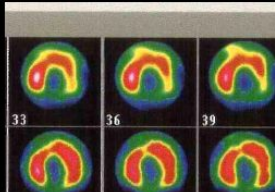


Stress
Rest



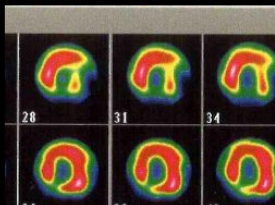
Pre-treatment
5:04 minutes stress

Stress
Rest



6 months
7:54 minutes stress

Stress
Rest



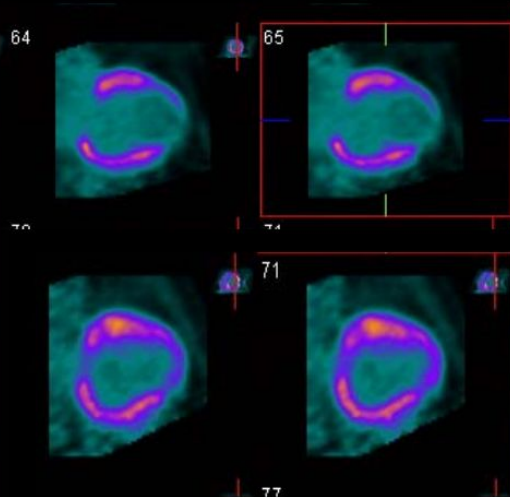
12 months
10:41 minutes stress

PET Scan

PET SCAN



76 yo male w/large anterior wall myocardial scar



Pre-treatment

4 months

Medical Team

Medical Team



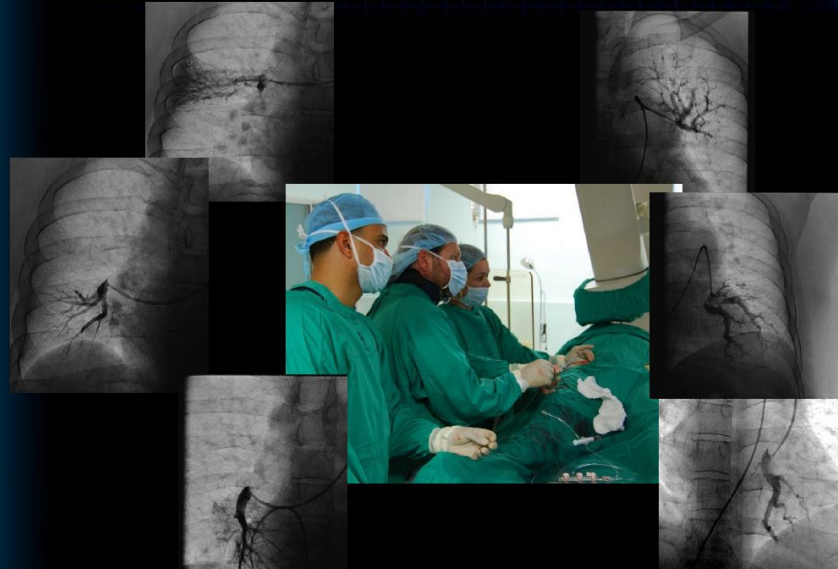
The First pulmonary patient treated



Advanced Pulmonary Disease

Advanced Pulmonary Disease

Sub - segmental Artery Delivery



Advanced Pulmonary Disease

Advanced Pulmonary Disease

Pulmonary Hypertension

COPD (Emphysema)

Pulmonary Fibrosis



Outcomes:

- Increase in functional capacity
- Improvement in pulmonary pressures
- Improvement in oxygen diffusion capacity
- Improvement in PFT parameters
- Decrease in oxygen use
- Decrease in Steroid / Medication / Inhaler use

• Decrease in Steroid / Medication / Inhaler use